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CLINICS.

Clinical Lecture on Midwifery. By J. Y. SIMPSON, M. D., Professor of Midwifery in the University of Edinburgh. (Continued from p. 36.)

You will recollect that, in Dr. Barry's report of the case, as I read it to you, he states an interesting and important fact with regard to the evidence which it afforded of the

Natural Mechanism of Labour in Footling Presentations.—In this instance, as occasionally happens in pelvic presentations—both spontaneous and artificial—we found the toes looking towards the pubes, from which we knew that the face and chest of the child must be turned in the same direction,—and I stated to the gentlemen present, that this would not interfere with the process of extraction of the infant, for the child, during its further transit, would rotate round with its toes, &c., towards the nearest sacro-iliac synchondrosis, and not require any manipulation on our part to make it come out in that—its proper and most easy position. This is a subject I would wish particularly to impress upon your minds, for you

will find it stated in almost every text-book, that in all pelvic presentations, whether they occur spontaneously or whether they are artificial, as in cases of turning, it is proper and necessary for us to rotate so far the body of the child, that its toes, and hence its face, should be turned towards the posterior aspect of the pelvis, or, as some more properly advise, towards the nearest sacro-iliac synchondrosis.

We are recommended, for instance, by Dr. Hamilton, to observe (as soon as the child is born as far as the knees,) whether the toes point forwards or not,—and if they do point forwards, as they did in Anderson's case, we are further directed immediately to turn the child round, so that they may look to the nearest sacro-iliac symphysis.

But no such manipulation is required as a general rule in spontaneous pelvic presentations, and none in artificial pelvic presentations, especially when you bring down only one extremity. In all the cases which I have watched, the infant, as in Anderson's, during the passage of the trunk, rotates and assumes this position itself, without any interference on our part, and upon the princi-

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ple which I stated to you at lecture this morning, (when speaking of similar rotations in head cases,) of the mutual physical relation of the child and pelvis, the former turning within the latter, as the helix of a partial screw will partially turn within its nut.

In natural or spontaneous pelvic presentations, this rotation that I allude to, occurs normally and naturally during the passage of the trunk; and that the rotation itself is a mere physical result, and independent of any vital actions on the part either of the child or mother, is proved to demonstration by an experiment which I have several times taken occasion to make—namely, that of dragging by one foot a dead fœtus through the pelvis of a dead mother. If, at the commencement of this experiment, we place the child with its toes, abdomen, and face, looking forwards, we shall find that as the trunk passes through the pelvic cavity, it regularly rotates round, so that these parts come to present at the nearest sacro-iliac synchondrosis.

Now, what holds good in regard to the mechanism of natural pelvic presentations, holds good also in regard to the mechanism of artificial pelvic presentations, or of those which we make in the process of pelvic turning. In artificial, as in natural footling and breech cases, we ought, I believe, to discard in a great measure from our mind any necessity of interfering, so as to turn the infant in one position or another as it passes through the pelvis; for in 9 out of 10, or in 19 out of 20 cases, it will sooner or later assume for itself the easiest and best position for the passage of the head—namely, with the face turned towards the nearest sacro-iliac synchondrosis. This will almost invariably be the case, if we do not hurry the extraction of the child by pulling at the protruded extremities, or if we pull merely by one—and that the one nearest the pubis. *By dragging, when it is required, at the limb of the child lying next the pubis, and at this limb only*—we pull down the pelvis of the infant obliquely, (so far imitating the presentation and easy transit of this part of the body in normal pelvic cases, where the anterior ischium is always the lowest;) and by the same means we promote the necessary rotation of the child's body, while we would prevent it, on the other hand, by dragging at the sacral or posterior limb,—or by grasping and dragging simultaneously at both.

All obstetric authors seem to me to err in advising direct interference for the rotation of the child in artificial pelvic cases to be made by the hands of the practitioner. In speaking of the duties required in such circumstances, even my friend Dr. Rigby (who in other points inculcates such sound and excellent doctrines with regard to the mechanism of parturition, and non-interference with it on the part of the attendant,) observes, "the uterus must be emptied as slowly as possible, and the anterior part of the child *must* be directed more or less backwards." It will, as I have stated to you, be directed more or less backwards by the physical relations between its own trunk and the interior of the maternal pelvis, so as to require no such adaptation to be attempted by any intermeddling on our part. A simple experiment will convince you that this will occur. I have already stated to you, that in repeated experiments made by dragging a dead child by one limb through the pelvis of a dead mother, I have seen the rotation spontaneously take place. But it will even take place, if I perform the same experiment much more rudely, by attempting to drag the leather fœtus before us through the bony cavity of this dry pelvis. If I place thus the fœtus with the feet in the pelvis, and the toes directed towards the pubes, or,—as is the case in nature, somewhat obliquely to one side of the pubes, say towards the right foramen ovale—and drag the fœtus through by pulling only at the anterior or pubic limb of the child, it turns, you observe, spontaneously as the trunk passes through the pelvis, so that the face looks at last to one ilium, or even backwards towards the nearest or right sacro-iliac synchondrosis; and this extent of rotation is the more sure to happen if the right arm chance to pass into the unoccupied space of the left sacro-iliac symphysis, or rather if that arm be removed so as not to prevent the rotation of the shoulders and head. The curious and illustrative experiment I have just shown you, was first pointed out to me by my esteemed friend Mr. Zeigler.

I have already dwelt tediously long upon the mode of turning that was adopted in the case which is before us, and the mechanism of it. Let us now turn and consider

The Morbid Conditions and Malformations of the Child.—1. *The state of the cuticle in Anderson's child was such as is generally seen when the infant has been*

dead for several days before its expulsion,—that is to say, it was peeling off extensively, though not anywhere thrown into the form of bullæ, as we sometimes find it. There was another evidence of putrefaction, namely, a great swelling of the scalp, from, as we saw on making a section of it, a thick gelatiniform effusion of sero-sanguinolent fluid into the cellular tissue of that part. The swelling itself, and the effusion composing it, are, as you know, precisely of that kind which is known under the name of *caput succedaneum*, with this exception,—that its edges are not so very precisely defined. I have seen many children who have evidently died in utero some time previously to the accession of parturition, present a similar cranial effusion to this; and in two or three cases I have observed it, as in Anderson's child, even when the infant presented preternaturally. The effusion is so very like that of a *caput succedaneum*, that most people would certainly take it for one, and hence I would have you to deduce this observation, that a swelling of the scalp, with sero-sanguinolent effusion accompanying it, is not, as has been laid down by some medical jurists, either a mark of the child having been alive at the commencement of labour, or of the presentation being that of the head. The fact is, in putrefying children you have a sero-sanguinolent effusion into almost all the cellular tissue of the body, but it is greater in the scalp, and produces a more defined swelling there, in consequence of the cellular tissue of that part of the body being comparatively so loose in the child, and easily infiltrated.

2. *Peritonitis in the Fetus in Utero* appears to be a frequent disease, and, in consequence of the blanched state of the placenta, and the swelled condition of the abdomen in Anderson's child, I stated to the gentlemen present, before we opened its body, that we would in all probability meet with some evident traces of the previous existence of peritoneal inflammation. Accordingly, on exposing the abdominal cavity, we found, as you now see, a number of loose patches and membranous shreds of coagulable lymph effused upon the surface of the peritoneum. These patches are in greatest abundance towards the lower part of the peritoneal cavity, especially upon the *caput cæcum*, and in its neighbourhood. The surface of the spleen is coated at different points with an attached semi-membra-

nous layer of coagulable lymph, and I have seen few cases of intra-uterine peritonitis in which the surface of the spleen did not, as in this instance, present the inflammatory effusion in a very marked degree. The spleen itself, in the child before us, is of an enormous size,—an observation which I have made in two or three other instances of peritonitis in the fœtus.

3. *The Omphalo-mesenteric Vessels persist as a Malformation in this Fœtus*,—that is to say, you perceive here running from the inner or peritoneal side of the umbilicus, directly towards the mesentery of the smaller intestines, a firm band, nearly as strong and thick as a piece of saddler's silk, and which I now raise on the handle of the knife. You know the origin and course of the omphalo-mesenteric vessels to be exactly that of the band which I show you. The permanence of this band, as a malformation in the fœtus at birth, I have seen in one or two other instances:—in one case in a fœtus in the museum, with appearances of intra-uterine hydrocephalus, and additional fingers, this malformation also exists. Spangenberg alleges, that he found those omphalo-mesenteric veins present, and apparently partially pervious, in an adult who died of phthisis towards the age of twenty.

But, returning to the peritonitis, allow me to observe, that here, as elsewhere, the only true evidence of previous existing inflammation in the fœtus consists in the presence of some of the *organic* products of inflammation, such as coagulable lymph, and the pseudo-membranous adhesions which such lymph so readily produces when thrown out on serous surfaces, the presence of pus, ulceration, &c. We can, in no degree, depend upon colour alone, or upon serous or sero-sanguinolent effusions, as these are often the result of mere putrefaction after death.

I have just stated, that peritonitis, as a disease of the fœtus in utero, is very frequent. For my own part, I believe that you will find evidence of it in most of those children that are born in a semi-putrefied state, and that have perished several days previous to birth, while there is no disease in the placenta or other appendages to account for the death of the infant. In the *Edinburgh Medical and Surgical Journal* for 1838 and 1839, I published some twenty or thirty instances in which the fœtus was found to present after birth evidences of the previous existence of acute peritoneal inflammation;

and since that time I have had occasion to observe the disease in a number of other additional cases. Two or three weeks ago I took an opportunity of showing you a recent specimen of it in a fœtus that was born about the sixth month of utero-gestation. Since my observations were published, Dr. West, of London, and Dr. Otto, of Breslaw, have each recorded a number of similar cases.

This special disease of the fœtus—*peritonitis*—is interesting and important in one point, to which I now wish to direct your attention, namely, as being liable to occur successively in different children of the same mother, and thus sometimes producing a series and succession of premature still-born infants. In the case before us, the mother had a still-born child about a year ago.

[To be continued.]

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

The Sussex Prophet.—Bryanston Square, April 12, 1845. You have probably heard of the wonderful cures made by Couchman at Horsham—but in confirmation I send you an extract from a letter received from my father's steward:—

"Capel, April 9.—Mr. Couchman is still making wonderful cures—as many as fifty people went to him last Friday from Dorking. I saw some of them on their return home—they were in very high spirits, and said they felt themselves quite well; some were lame, some deaf, and some could not talk when they went—but on their return home, they could walk without crutches or stick—and the deaf ones could hear. One young man that could not talk had got the use of his tongue, and could talk as well as any one. He has made four more cures at Capel. Mr. Constable went to him last Saturday, and Mr. Couchman told him that he might go to bed at night, and that he would be better; he went to bed on Monday night, and rested well, and laid eight hours, and the same again last night and never felt any pain whatever; he has not been able to lie in bed for twenty years and upwards, suffering from a severe asthma." Surely the mesmerists must hide their heads, or try a coalition with Mr. Couchman, and proclaim, "Mesmerism for the million." Pray make of this letter what use you please. My name need not appear. I remain, &c.—*Athenæum*, April 19, 1845.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Mortality of Philadelphia.—It appears from the bill of mortality just published by the Board of Health, that the number of deaths during the year 1844, excluding 334 still-born, was 5187, of whom 2728 were males and 2459 females. The number of births was 9210, of which 4784 were males and 4426 females.

Medical Association of Fayette Co., Pa.—The address delivered by Dr. H. CAMPBELL, of Uniontown, before this association, at its organization, June 25th, 1844, has been published. It is a very interesting address and highly creditable to the author. The view which he presents of the dignity and lofty character of our profession is just; the advice which he gives as to the course to be pursued by its members in order to maintain their proper standing is judicious; and the ethical doctrines he inculcates are elevated and sound.

Extraordinary Success.—It is asserted in the *Western Lancet* (May, 1845), edited by a Professor of Transylvania University, and therefore, it is to be presumed by authority, that "PROFESSOR DUDLEY, of Transylvania University, never lost more than two patients on whom he performed any sort of amputation." It is to be regretted that the statistics are not rendered complete by a statement of the number of amputations he has performed.

Medical College of Ohio.—The number of students the past session was 210; of these 47 received the degree of M. D., at the commencement on the 5th March last.

FOREIGN INTELLIGENCE.

Expressed Juice of Mistletoe-Berries—A cure for Facial Neuralgia.—Lieut. HARDY, of the British navy, in a paper read before the Royal Medico-Botanical Society, claims for the expressed juice of the mistletoe-berry the property of relieving facial neuralgia. He applies it in the form of a plaster, for the preparation and application of which, the following are his directions:—Expressed and concentrated juice of mistletoe-berry, one part; yellow wax, two parts.

Melt the wax in a large iron vessel, and add the *bird-lime* in small quantities at a time, till both are combined. Then run the

fluid mixture into moulds of any convenient size.

Mem.—As there is between wax and bird-lime no common bond of attraction, and as they cannot be made to unite without considerable difficulty, the specific gravity of the two bodies being different, it is necessary, for this purpose, to attend to the following RULES.

First, put a small piece of wax into the melting-cup, place it over the fire, and when dissolved, add to it a very small quantity of the bird-lime, at the same time withdrawing the cup from the fire, stirring the mixture rapidly with an iron rod, that the moisture of the bird-lime may slowly evaporate. If this operation is performed too rapidly, or there is too much of the bird-lime added at a time, the expansion of the steam raised by the heat will overflow the contents of the vessel. As soon as the vapour ceases to rise, replace the pot on the fire, and add more wax, and then more bird-lime, in manner as before, and so on alternately till all be dissolved. The pot must now be continued on the fire, and the mixture kept stirred till the two substances be thoroughly incorporated, the one with the other, which will take about one hour to do; and they will not afterwards separate.

Before running the liquid mass into a cup, it should be made to pass through a fine sieve in order to separate particles of sand and other impurities usually contained in the bird-lime of commerce. This done, the plaster is fit for use, and may be spread on linen, cloth or paper, secundum artem.

Directions for using the Mistletoe-berry plaster.—Take a piece of spread plaster of any required size, as large as half a crown, or larger, and place it immediately over the spot where the pain is felt, whether in the face, the eye or elsewhere, and confine it there with a bandage or other cloth; for otherwise, as it will not adhere to the flesh, owing to the wax, it will presently fall off. It must be kept on till the pain has subsided, which will be in a few minutes. However, for precaution's sake, lest the pain should relapse, I generally recommend that the plaster be kept on a whole day, and even longer in very bad cases.

As soon as the plaster is removed, it is necessary that the patient rub, with the finger's point, a very little oil of sweet almonds on the place that had been covered, as a protection from cold. And further, if

business require him to go out of doors before the pain ceases, and he object to have his face bandaged up, the plaster may be placed on the upper portion of the large lateral muscle in the neck, and there worn night and day; or it may even be put over the first joints of the spine, and there worn as long as may be desired.—*Med. Times*, April 19th, 1845.

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Action of Papaver Somniferum on Animals.—Dr. LAFARGUE, in a memoir read 31st March last, before the French Academy of Sciences, stated that he had fed several rabbits with the papaver somniferum, and remarked that instead of its producing any bad effects, on the contrary it proved to be a wholesome aliment, since they increased in weight. The plants eaten were very active, for a child was killed to whom a decoction of a single capsule was administered as an enema. The number of plants consumed every day was five or six; occasionally the powdered capsules mixed with bran were given to the rabbits as food; and finally, grs. iv. of the acetate of morphine dissolved in \mathfrak{z} iv of distilled water mixed with lb. ij of bran were given without injury.—*Ibid.*

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Localization of the Faculty of Speech in the anterior lobes of the Brain.—Dr. BEL-HOMME read a memoir before the French Academy of Medicine on the 1st of April last, on this subject. The following are his conclusions: 1st. That lesions of the faculty of speech depend either on a cerebral affection, or on some derangement of the organs of communication between the brain, and those which serve the purpose of articulation. 2d. That sudden loss of speech depends on hemorrhage, or some other lesion of one, and especially of the two anterior cerebral lobes. 3d. That care must be taken not to confound the convulsive and paralytic phenomena which pervert the faculty of speech with sudden loss of remembrance of words, and subsequent difficulty of utterance. 4th. That in the disturbance of the anterior lobes of the cerebrum, the act of speaking is suddenly rendered impossible, and it is only when a cicatrix is formed in the brain, that the organ regains more or less its normal functions.—*Ibid.*

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Birth of Four Children.—By Prof. PRAU. —A healthy, strong woman, ætat. 35, after

having had five children, became pregnant again, and this time her abdomen appeared to be of larger dimensions than usual. During the subsequent process of parturition, the waters were discharged sparingly; one child presented itself with the feet, and was expelled by the efforts of nature. Half an hour after, the birth of the second child began, and was terminated in an hour. The third and fourth children (apparently still-born) speedily followed. The quantity of water discharged was about 2 lbs. After one hour and three quarters, four separate placentæ were expelled. These four children (boys) were all born with the feet foremost; they were all perfectly mature and well formed; they resembled each other, and performed their functions regularly. Their length averaged from 15½ to 17 inches, their weight from 3 lb. to 4 lb. They all died within the next five days, notwithstanding the greatest care was taken of them as regards their nourishment and preservation. The mother left her bed five days after delivery, and remains in very good health.—*Med. Times*, May 3, from *Oester. Med. Wochenschr.*

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Sudden access of Insanity.—The following is a singular instance of the suddenness with which an attack of insanity may come on: it occurred recently at Paris. An engraver, after having spent twenty years on the engraving of a portrait, took the proofs to a publisher, who had agreed to purchase the plate. In the course of conversation some disparaging observations were made on the work. The engraver rushed into an adjoining room, and dashed his head violently against a stone chimney-piece, producing severe injury to the head, on a recovery from which it was found that his reason was entirely gone.

It was long since remarked by the celebrated Pinel, that persons endowed with highly sensitive feelings, might, by any sudden or violent emotion, be immediately deprived of understanding. Thus an attack of insanity may be caused in a moment, by extreme joy or terror. He gives the following curious instances.

During the French Revolution, an artillery-man proposed to the council of public safety a new piece of artillery, which he had invented, and which was to have the most deadly effects in war. A day was appointed for the trial of this invention at Meudon, and

Robespierre wrote a letter to the inventor, and expressed his approbation of the invention in very flattering terms. The man to whom it was addressed became motionless on reading it, and he was soon afterwards sent to the Bicêtre, in a state of complete dementia.

About the same time, two young men, brothers, entered the army, and during a bloody action one of them was killed by the side of his brother. The latter became instantly motionless like a statue, and lost his reason. He was conveyed to his father's house, and at the sight of him, a third son, owing to the shock produced by the death of one of his brothers and the insanity of the other, became also insane. They were for many years confined at the Bicêtre under the care of Pinel.

There is a well-known case related by Mr. Travers, (*Constitutional Irritation*), of a young lady, who was found one morning in a state of complete dementia playing with the fingers of a skeleton, which had been placed in her bed the night before. The terror produced by the sight of the skeleton had suddenly caused the attack.

Not long since there was reported in this journal the case of a naval officer in the command of one of the ships lately forming the squadron off Cork. He suddenly rushed on deck, ordered the ship to be cleared for action, and the guns to be pointed and fired on the town. So little was insanity suspected, that his orders were about to be obeyed, when, fortunately, it was resolved to delay the execution until they were confirmed by his superior in command. It was found that this officer had been attacked with mania, the cause of which did not appear, but as it was not brought on by any sudden or violent emotion, it may have been in this instance long dormant.

The sudden occurrence of dementia, under the circumstances above mentioned, renders it difficult to suppose that this form of insanity is in all cases necessarily dependent on physical changes in the brain.—*Lond. Med. Gaz.*, May, 1845.

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Rupture of the Liver.—A boy fell from a coal-wagon, and the wheels passed over his body. When seen by a medical practitioner, he was insensible, and there was paralysis of the lower extremities, depending on fracture of the lumbar vertebræ, and laceration of the spinal cord. The urine and

feces had been passed involuntarily. Death took place in five hours. The most remarkable feature in the case was the entire absence of any mark of *external injury* in the region of the abdomen, which was, however, tumid. On opening the cavity a large quantity of blood escaped, and when this was removed it was discovered that the liver had been ruptured transversely throughout its whole extent. It was completely divided, and as cleanly as if it had been cut with a knife. The hemorrhage had evidently proceeded from the portal vessels.--(*Mr. Kingdom: Lancet, March 22.*)—*Ibid.*

Phthisis in Cetacea.—M. L. Bénard, of Caen, on examining the carcase of a female porpoise cast ashore on the Coast of Brittany, found the left lung almost entirely filled with tubercles,—to such an extent that the pulmonary texture had in a great measure disappeared. There existed at the same time numerous firm pleuritic adhesions of the same side. The opposite lung was sound, and there was no trace of tubercle in any other organ. The adipose tissue was generally scanty, and of a yellowish tint. This fact, observes M. Bénard, is curious, as indicating that tuberculous masses are formed of concentric layers, which may be easily detached the one from the other. The different constitution of the skin of those animals living in a dissimilar medium from that of man, suggests various reflections as to how far disturbed cutaneous function is concerned in the etiology of pulmonary tubercles.—*Ibid.*, from *Rev. Méd.*, Jan., 1845.

On the human Mouth.—A paper on this subject by Mr. NASMYTH was read before the Ethnological Society, April 23. "Was mankind originally of a low or of an elevated degree of development?" inquires Mr. Nasmyth, and he answers, the development compatible with the due fulfilment of the exactions required from such a being as man must have been perfect. No feature bears so instructively on the solution of the various difficult problems involved in the study of ethnology as the form of the mouth, and the development of the teeth. In the lower animals the mouth is peculiarly and beautifully adapted to their exigencies, but in that of man exists a medium type fitted to every peculiarity of terrestrial existence. No other conformation than that given to him, can at

once admit of perfect articulation and mastication of his varied food; moreover it may be regarded as fulfilling a most essential part in his intellectual life, for it is the organ of intellectual expression, and a grand agent in the communion of social life. Deviations in the character of the mouth, Mr. Nasmyth contends, are simply the effects of deviations in the habits of individuals composing races. When these deviations are partial, they are shown in individuals, when general, they amount to a national or tribe characteristic, and when continued from generation to generation, they become hereditary. The natural action of the lower jaw upon the upper is to push out, evert, or expand, the arch of the upper jaw, while on the other hand it is impossible by any habit to bring in or to contract that arch, so as to produce out of the advanced jaw of the negro the vertical jaw of the Caucasian and other well-developed races; a vertical is said to be the original development of the infant negro; the advanced mouth of the adult negro is therefore not congenital but factitious. The negro of the southern provinces of the United States, owing to the different circumstances in which he is placed, has not the advanced mouth of his progenitors of Africa, after the 2d or 3d generations. Mr. Nasmyth then proceeded to show most ably that the plasticity of the mouth in infancy, was such as to admit of the factitious development pointed out. The ordinary duties required of the mouth in civilized life are a moderate exercise of power for division, tearing, and comminution or grinding, whilst in uncivilized life there exist much more powerful exactions, which have a great controlling influence over the development of the parts. Man in the uncivilized state has but few instruments or tools to assist him in operations of any kind, and his teeth are ready substitutes for those, which on all occasions from infancy to old age he most unscrupulously resorts to. He attacks the roughest materials of all kinds with his teeth. He uses them to form and to fashion those materials in all sorts of ways; and thus he converts the dental organ into a prehensile one. He also uses his teeth as instruments for punishing his enemies, seizing his prey, and separating the assimilative portions of his food from those which are not, which, with the little assistance he derives from cooking, tend most decidedly to evert both the upper and the under jaw. Mr. Nasmyth explained at length various modifica-

tions of the face, arising out of the eversion of the upper jaw so common in uncivilized life, whilst in the civilized, a perfect organization of the mouth was pretty generally accompanied by a well-developed brain, a regularity of feature, great energy of character, and corresponding physical power and activity.—*Ibid.*

Epizootic in Germany.—Dr. SCHWAB, the director of the veterinary school of Munich, communicated to the French Academy of Sciences, through M. ROYER, an account of the Bohemian epizootic. This epidemic, which he calls *the bovine plague*, declared itself in Galicia after the passage of oxen from the Russian provinces, and has gradually propagated itself to Moravia and Bohemia. In the former country, from September to December, 1,065 oxen have been attacked, 845 have died, 129 have been destroyed; only 68 have been cured. The disease broke out in Bohemia in September. It appears to be a virulent form of typhus. Every treatment hitherto employed has been inefficacious. The cattle should be destroyed as soon as the existence of the disease has become manifest. It has evidently been propagated in Bohemia by herds coming from infected districts.—*Lancet*, April 5, 1845.

Induction of Premature Labour.—Mr. GREENHALGH related, at a meeting of the Westminster Medical Society, the case of a lady upon whom premature labour was several times induced in consequence of ovarian disease. On the last two instances, the child born at the seventh month survived.

Functions of the Pancreas and its influence on Digestion.—MM. BOUCHARDAT and SANDRAS read a memoir on this subject to the French Acad. of Sciences, April 14th. The authors express the opinion that the pancreas is the organ which, in animals living on feculent substances, secretes the principle (*diastase*) specially destined to dissolve the food, so as to enable it to be absorbed, and that diastase also exists in the bile, saliva, and the secretion of the gastric mucous membrane.

Grape Shot extracted from the Lungs.—There is published in the *Provincial Journal*, April 30th, 1845, a letter from Dr. T. HUNTER, of the British army, giving some

particulars of a very remarkable gun-shot wound. The subject of the case was a Lieutenant Wynn, who on the 2d October, 1798, was wounded in the side. When seen by Dr. Hunter, two months afterwards, he was in the most deplorable state of emaciation and debility, and coughing up at least a pint of purulent matter daily. Dr. H. layed open the wound on the 12th of December, and extracted a grapeshot from the lungs weighing over three ounces and a half. The ball was too large to pass through the interstices of the ribs, and two ribs which had been fractured by the ball in entering having reunited, Dr. H. was obliged to saw away a large portion of a rib to make room for the passage of the ball. The patient was doing well at the date of the letter, two weeks after the operation.

Creosote in Nævus Maternus.—Dr. THORNTON considers creosote the most effectual application for the cure of nœvi materni. He has treated three cases with it successfully, during the past year. It is applied two or three times daily, more or less diluted. Excoriation, ulceration, and gradual disappearance of the nœvus ensue; the cicatrix has always been smooth and sound.—*Med. Zeil*, No. 9.

Terchloride of Gold as an outward application in rheumatic-gouty affections.—The terchloride of gold made into a salve with lard is said to relieve the pain in gouty-rheumatic affections in a wonderful manner.

Medical Practitioners in London.—It appears from Mr. Mitchell's Medical Directory that the number of medical practitioners in London is 2,157; of these 330 are physicians; 245 surgeons; and 1,582 general practitioners.

Statistics of Suicides in France in 1843.—In 1843, the number of suicides in all France was 3020, being 154 more than in 1842; the number of suicides in the department of the Seine alone was 551.

Of the whole number 729 were females, or 24 per cent.

There were under 16 years of age 15; octogenarians 20; septuagenarians 70; sexagenarians 384.

The means of suicide were drowning 1098; hanging 954; firearms 450; fumes of charcoal 206.